

INVITATION FOR BID

BID NUMBER: 8043-BL-A1
RTG DATE: Tuesday, March 10, 2015
ATLANTA POLICE DEPARTMENT

SEALED BIDS FOR:

ADDENDUM #1 – CITATION BOOKS FOR THE CITY OF ATLANTA POLICE DEPARTMENT – TO BE ORDERED AS NEEDED FOR A PERIOD OF THREE (3) YEARS FROM THE DATE OF AWARD IN ACCORDANCE WITH THE ATTACHED SPECIFICATION

Sealed bids, for furnishing the supplies or services contained herein will be received by:

**CITY OF ATLANTA
DEPARTMENT OF PROCUREMENT
CITY HALL SOUTH, SUITE 1900
55 TRINITY AVENUE, S.W.
ATLANTA, GEORGIA 30303-0307**

First floor, **no later than 2:00 P.M.**, (OUR BID CLOCK TIME IS VERIFIED AND CALIBRATED WITH THE BUREAU OF NATIONAL STANDARDS TIME PRIOR TO EACH BID OPENING) **Tuesday, March 24, 2015** and at that time will be publicly opened and read in Suite 1900.

A Pre-Bid Conference/Site Visit – N/A. The deadline for bidders to submit questions regarding the bid is **Friday, March 06, 2015**. Questions should be submitted via email to **Brandi Lennon**, Buyer, at balennon@atlantaga.gov.

For information, call (404) 330-6204.

This form **MUST** be returned with all bids. Bids must be typed or printed in **blue ink**. Refer to Bid Number, Date and Time on the **enclosed return label**. All bids must be hand delivered, delivered by courier service or mailed via United States Postal Service. No facsimile will be accepted. One (1) original ITB in **blue ink** must be submitted and must be marked as an original as well as one (1) ITB copy which must be marked as copy. **If you quote, please sign each “Bid Sheet” in blue ink, DO NOT ‘white out’ entries or your bid may be deemed non-responsive and put the name of your company on each sheet and each pricing sheet page must be stamped “original”.** If you do not quote, return signed bid invitation sheet and state reason; otherwise, your name may be removed from our mailing list. **Failure to follow these instructions could result in your bid being rejected.**

ALL COMMUNICATION PERTAINING TO THIS BID MUST BE DIRECTED TO THE DEPARTMENT OF PROCUREMENT REFERENCING BID NUMBER. BIDDER MAY NOT CONTACT OTHER BUREAUS OR CITY EMPLOYEES REGARDING THIS BID PRIOR TO AWARD OF PURCHASE ORDER. VIOLATION OF THIS INSTRUCTION WILL RESULT IN NON-ACCEPTANCE OF YOUR BID.

<hr/> Legal Name of Firm			<hr/> Authorized Representative/Please Type/Print	
<hr/> Address			<hr/> Signature/Title	
<hr/> City	<hr/> State	<hr/> Zip Code	<hr/> Area Code/Telephone Number/Email Address	
<hr/> Date Submitted			<hr/> COA Supplier ID#	

BIDS MAY BE SUBMITTED FOR EVALUATION, BUT NO AWARD WILL BE MADE UNLESS YOU POSSESS A CURRENT BUSINESS LICENSE THAT AUTHORIZES BIDDER TO TRANSACT BUSINESS AT A LOCATION IN THE STATE OF GEORGIA. IN THE CASE OF AN OUT OF STATE BUSINESS WITH NO LOCATION OR OFFICE IN GEORGIA, WHICH EXERTS SUBSTANTIAL EFFORTS WITHIN THE STATE AND CITY, SUCH BUSINESS MUST OBTAIN A CITY OF ATLANTA, BUSINESS LICENSE AS REQUIRED BY CITY CODE SECTION 30-52, ET SEQ. TO OBTAIN A BUSINESS LICENSE, CONTACT: CITY OF ATLANTA, BUSINESS LICENSE DIVISION, CITY HALL SOUTH, SUITE 1350, 55 TRINITY AVENUE, S.W., ATLANTA, GEORGIA 30303-0307, and (404) 330-6213.

In compliance with the aforementioned, the bidder agrees to furnish and deliver the goods and/or services at the prices indicated. It is agreed that this bid shall constitute an offer, and if accepted by the City, delivered to the designated point(s) within the time specified.

PRICES CONSIDERED F.O.B. DESTINATION UNLESS OTHERWISE STATED.

MERCHANDISE/SERVICE TO BE DELIVERED: AS DIRECTED

NOTE: Read all instruction, conditions, specifications, etc., in detail. Acceptance of your quotation guarantees your price and it cannot be withdrawn. Check all figures before submitting bid. UPON REQUEST, A COPY OF THE BID TABULATION WILL BE MADE AVAILABLE TO YOU AT A COST OF \$.25 PER PAGE.

All Bids are subject to the following:

1. Compliance with City of Atlanta Code, Section 2-1413, Requirements for execution of City contracts and Section 2-1414, Equal Employment Opportunity clause. In conjunction with these Code sections, a completed Contract Employment Report or a current letter of certification from the City of Atlanta Office of Contract Compliance must accompany each bid.
2. Compliance with bidding instructions, terms, and conditions (pages 3 and 4).
3. Other provisions, certifications, Insurance, Payment and/or Performance Bonds, if incorporated by reference in this schedule.
4. Additional instructions, special conditions applicable to indefinite quantity invitations on Annual Contracts.
5. A completed W-9 Request for taxpayer identification number and Certification Form.
6. A Notarized E-Verify Contractor Affidavit and/or Subcontractor Affidavit, even if not applicable.
7. Enter your City of Atlanta Supplier ID number on page one (1) of the ITB. A Supplier number can be obtained by registering at www.atlantaga.gov.

FIRM NAME _____ SIGNATURE _____

*******ADDENDUM #1*******

**BID NUMBER 8043-BL-A1,
CITATION BOOKS FOR THE CITY OF ATLANTA
POLICE DEPARTMENT**

PLEASE NOTE THE FOLLOWING CHANGES:

- 3.3.20.6 40-6-10 to “Failure to Maintain Insurance”
- 3.6.14 16-7-43 to “Littering”
- See the enclosed sample documents for Groups I, II and IV.
- The Bid Opening Date has been changed to Tuesday, March 24, 2015.

FIRM NAME _____ SIGNATURE _____

****ALL PAGES OF THIS ADDENDUM MUST BE RETURNED WITH YOUR ORIGINAL BID.****

****FAILURE TO RETURN ALL PAGES OF THIS ADDENDUM WITH YOUR ORIGINAL BID, MAY DEEM BID AS INCOMPLETE AND COULD BE CAUSE FOR REJECTION OF BID AND AN AWARD.****

****THE BID OPENING DATE IS SCHEDULED FOR TUESDAY, MARCH 24, 2015.****

We apologize for any inconvenience this may have caused.

ABSOLUTELY NO BIDS WILL BE ACCEPTED AFTER 2:00 P.M.

Bids will be publicly opened and read at 2:00 P.M., in Suite 1900, 1st Floor, 55 Trinity Avenue, S.W., City Hall South, Atlanta, Georgia.

****ALL PAGES OF THIS ADDENDUM MUST BE SIGNED AND SUBMITTED WITH YOUR ORIGINAL BID.****

FIRM NAME _____ SIGNATURE _____

**GEORGIA
UNIFORM TRAFFIC CITATION, SUMMONS, AND ACCUSATION**

4994401

SECTION I — VIOLATOR

CICA Number _____ GAAPD0000 NCIC Number _____ Citation Number _____
 CITY OF ATLANTA - DEPARTMENT OF POLICE ☐ AM ☐ PM
 On Month _____ (Day) _____ (Yr.) _____ at _____ : _____
 License Class or Type _____ State _____ Endorsements _____ Expires _____
 Operator License No. _____
 Name _____ (Last, Suffix) (First) (Middle) (Race/Sex) _____
 Current Address _____ Apt. _____
 City _____ State _____ Zip Code _____ Phone Number _____
 DOB _____ Hair _____ Height _____ Weight _____ Eyes _____
 Veh. Yr. _____ Make _____ Style _____ Color _____
 Registration No. _____ Yr. _____ State _____
 CDL ☐ YES ☐ NO ACCIDENT ☐ YES ☐ NO INJURIES ☐ YES ☐ NO FATALITIES ☐ YES ☐ NO
☐ 2-LANE ROAD ☐ DRIVER REQUESTED ACCURACY CHECK ☐ VASCAR ☐ LASER ☐ RADAR
 Within the State of Georgia, did commit the following offense: SPEEDING - Clocked by ☐ PATROL VEHICLE ☐ OTHER
 (Serial # _____ Calibration/Check _____) at _____ MPH in a _____ zone
☐ DUI (Test Administered: ☐ BLOOD ☐ BREATH ☐ URINE ☐ OTHER) DUI Test Results _____
 TEST ADMINISTERED BY (If Applicable): _____
 OFFENSE: (Other than above) _____ Code Section _____
☐ State Law
☐ Local Ordinance

SECTION II
VIOLATION

COMPANION CASE ☐ Yes ☐ No CITATION No. / NAME: _____
 REMARKS / VICTIM NAME / # _____

WEATHER	(A) ROAD	(B)	TRAFFIC	LIGHTING	COMMERCIAL VIOLATION INFORMATION
<input type="checkbox"/> Clear	<input type="checkbox"/> Dry	<input type="checkbox"/> Concrete	<input type="checkbox"/> Light	<input type="checkbox"/> Daylight	<input type="checkbox"/> 16+ Passengers
<input type="checkbox"/> Cloudy	<input type="checkbox"/> Wet	<input type="checkbox"/> Blacktop	<input type="checkbox"/> Medium	<input type="checkbox"/> Darkness	<input type="checkbox"/> Commercial Vehicle Violation
<input type="checkbox"/> Raining	<input type="checkbox"/> Ice	<input type="checkbox"/> Dirt	<input type="checkbox"/> Heavy	<input type="checkbox"/> Other	<input type="checkbox"/> Hazardous Material Violation
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other			

SECTION III
LOCATION

In the City of Atlanta, County of Fulton / DeKalb / Clayton
 on _____
 Street No., Highway, Road, Street, Intersection, or Private Property _____
 Officer Name (Print) _____
 APD ID No. _____ Assignment _____ Court Code : Off days _____ Time _____
 2d Officer Name (Print) _____
 APD ID No. _____ Assignment _____ Court Code : Off days _____ Time _____

SECTION IV
SUMMONS

You are hereby ordered to appear in court to answer this charge on the _____ day
 of _____, Yr. _____ at _____ : _____ ☐ AM ☐ PM in the MUNICIPAL COURT OF
 ATLANTA AT 150 GARNETT STREET, ATLANTA, Georgia, 30303 ☐ Copy ☐ Jail
 NOTICE: This citation shall constitute official notice to you that failure to appear in Court at the date and time stated on
 this citation to dispose of the cited charges against you shall cause the designated Court to forward your driver's license
 number to the Department of Driver Services, and your driver's license shall be suspended. (Georgia Code 17-6-11 and
 40-5-56). The suspension shall remain in effect until such time as there is a satisfactory disposition in this matter or the
 Court notifies the Department of Driver Services.
 LICENSE DISPLAYED IN LIEU OF BAIL ☐ Yes ☐ No RELEASED TO _____
 SIGNATURE ACKNOWLEDGES SERVICE OF THIS SUMMONS AND RECEIPT OF COPY OF SAME.

COURT'S COPY

SECTION V
OFFICER CERTIFICATION

SIGNATURE _____
ARRESTING OFFICER'S CERTIFICATION
 The undersigned, being duly sworn, upon his or her oath and under penalty of perjury, deposes and states that he or she
 has just and reasonable grounds to believe, and does believe, that the person named herein has committed the offense set
 forth, contrary to law.
SIGNATURE _____
Sworn to and subscribed before me on _____, 20____.
SIGNATURE AND TITLE _____
 Authorized and approved pursuant to: CODE 40-13-1 D.P.S. REG. 375-3-4-.01 Form APD 008 Rev 4/10 = DPS-32C (1/02)

NCIC Number
GAAPD0000

4994401
Citation Number

THE MUNICIPAL COURT OF ATLANTA

NOTICE: YOU ARE CHARGED WITH A VIOLATION OF THE CITY CODE OF ATLANTA AS INDICATED BELOW.

TO ANSWER THIS CHARGE YOU MAY:

- **MAIL CHECK OR MONEY ORDER TO PARKAtlanta •**
P.O. BOX 2404 • ATLANTA, GA 30301
(IF PAYING BY PERSONAL CHECK OR MONEY ORDER, MAKE PAYABLE TO THE CITY OF ATLANTA. PLEASE INCLUDE ADDRESS AND PHONE NUMBER WITH AREA CODE)
- PAY IN PERSON AT THE MUNICIPAL COURT OF ATLANTA •
150 GARNETT ST SW • ATLANTA, GA 30303
- PAY OVER THE PHONE AT 1-888-266-1360 (Additional fees may apply *Visa and Mastercard accepted)
- PAY BY WEB AT WWW.PARKATLANTA.ORG (Additional fees may apply *Visa and Mastercard accepted)

ALL PAYMENTS MUST BE RECEIVED WITHIN FOURTEEN (14) DAYS OF ISSUANCE TO AVOID PENALTIES

TO REQUEST A COURT HEARING YOU MUST:

APPEAR IN PERSON AT 150 GARNETT STREET SW; ATLANTA, GA 30303
OR ONLINE AT WWW.PARKATLANTA.ORG WITHIN FOURTEEN (14) DAYS OF ISSUANCE.
PLEASE ALLOW 45-60 DAYS FOR YOUR DISPUTE TO BE REVIEWED AND PROCESSED.

METER NO.

5388126

CITATION NO.

STATE	YEAR	LICENSE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>
ISSUE DATE	TIME	OFFICER/AGENCY
<input type="text"/>	<input type="text"/>	<input type="text"/>
MAKE AND MODEL		
<input type="text"/>		

LOCATION

VIOLATION DESCRIPTION	FINE AMOUNT WITHIN 14 DAYS	FINE AMOUNT AFTER 14 DAYS
<input type="checkbox"/> OVERTIME PARKING CITY CODE: 150-133	\$35.00	\$70.00 *AFTER 45 DAYS
<input type="checkbox"/> *IMPROPER PARKING*	\$25.00	\$50.00
<input type="checkbox"/> LOADING & UNLOADING CITY CODE 150-113	\$25.00	\$50.00
<input type="checkbox"/> RUSH HOUR PARKING CITY CODE: 150-89	\$40.00	\$80.00
<input type="checkbox"/> HANDICAPPED PARKING CITY CODE: 150-90	\$100.00	\$200.00
<input type="checkbox"/> SIDEWALK PARKING (GENERAL VEHICLES) CITY CODE: 150-99(a)	\$100.00	\$200.00
<input type="checkbox"/> SIDEWALK PARKING (LARGE TRUCK W/SIX OR MORE TIRES) CITY CODE: 150-99(b)	\$1000.00	\$1000.00

VIOLATION DESCRIPTION

OFFICER SIGNATURE

**FAILURE TO ANSWER THIS SUMMONS
WITHIN FOURTEEN (14) DAYS WILL
RESULT IN ADDITIONAL PENALTIES**



CITY OF ATLANTA
ARREST CITATION

2340326

DEFENDANT

VIOLATION

SUMMONS

VICTIM /
WITNESS

CERTIFICATION

1. Incident / CICA Number; : : : : : :		2. GA Code(s):		3. UCR:		4. Family Violence: <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. <input type="checkbox"/> Reported Case <input type="checkbox"/> Witnessed Case		Off Days: S M T W T F S		Court Day:		Time:	
6. Incident Report Made? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, indicate report type		<input type="checkbox"/> Original <input type="checkbox"/> Supplement		<input type="checkbox"/> Computer <input type="checkbox"/> Handwritten	
7. Name: (last)		(first)		(middle)		(alias)	
8. Address: St. No.		Street Name		Type		Apt. <input type="checkbox"/> NW <input type="checkbox"/> NE <input type="checkbox"/> SW <input type="checkbox"/> SE	
9. City		State		Zip		Telephone # <input type="checkbox"/> Physical Arrest <input type="checkbox"/> Copy of Charges	
10. Race/ Sex		DOB		<input type="checkbox"/> DL# <input type="checkbox"/> SSN		If DL # issuing State:	
11. On ____/____/____ at ____:____ AM/PM in the City of Atlanta, ____ County the above accused did commit the offense(s) of: NOTE: (If arrest is based on a warrant; list the warrant #, and issuing jurisdiction in block 12.)							
a.		against section		() state law () city of ordinance			
b.		against section		() state law () city of ordinance			
c.		against section		() state law () city of ordinance			
12. In that the accused did:							
13. Place of Offense: (Street address) <input type="checkbox"/> NW <input type="checkbox"/> NE <input type="checkbox"/> SW <input type="checkbox"/> SE Beat							
14. Place of Arrest: (Street address) <input type="checkbox"/> NW <input type="checkbox"/> NE <input type="checkbox"/> SW <input type="checkbox"/> SE Beat at ____:____ AM/PM on ____/____/____							
15. YOU ARE HEREBY COMMANDED to appear at the Municipal Court, General Division of the City of Atlanta, to be held at 150 Garnett St., S.W. on: ____, 20__ AM/PM							
Signature _____							
16. Arresting Officer: (print) APD ID # Radio #				17. Arresting Officer: APD ID # Radio #			
18. Investigating Officer: APD ID # Radio #				19. Transporting Officer: APD ID # Radio #			
20. Codefendants (list name, first initial) List all on this line: Ticket #							
21. Name (Victim/ Witness/Business Name): Telephone # Race/ Sex Rel Code Hospital <input type="checkbox"/>							
22. Name (Victim/ Witness/Business Name): Telephone # Race/ Sex Rel Code Hospital <input type="checkbox"/>							
23. Rel Code: (1)Domestic (2)Acquaintance (3)Stranger (4)Bias Crime (W)Witness Check block if victim sent to hospital							
24. ARRESTING OFFICER'S CERTIFICATION: The undersigned, being duly sworn, upon his/her oath, deposes and states that he/she has just and reasonable grounds to believe, the person named herein has committed the offense(s) herein set forth, contrary to law. Affiant states that the foregoing is true, complete and legible to the best of his/her knowledge and belief.							
OFFICER'S SIGNATURE _____							
These charges, have been reviewed for accuracy (under the laws of the State of Georgia and the City of Atlanta) and have been sworn and subscribed before me this ____ day of ____ Yr. ____							
SUPERVISOR'S SIGNATURE _____							
25. Security Risk							

COURT COPY

Form APD 600, 7/05

293384

